

SBD-2104

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SERIES EE SAVINGS BONDS**PRINT IN INK
OR TYPE**

1. BRANCH OF SERVICE		2. SOCIAL SECURITY NUMBER		3. PAY GRADE (Military Only)	
4. NAME			5. DEPT/AGENCY/DUTY STATION		6. DUTY PHONE NO.
<input type="checkbox"/> A New Allotment		<input type="checkbox"/> B Increase Allotment		<input type="checkbox"/> C Change Denomination	
<input type="checkbox"/> D Change Inscription		<input type="checkbox"/> E Other Action/ Safekeeping			
(If you checked A, B, or C above complete the following)	AMOUNT TO BE ALLOTTED EACH PAY PERIOD (For allotment option, see your canvasser or payroll office)			BOND DENOMINATION (Cost Price)	
	\$			<input type="checkbox"/> \$100 (\$50)	<input type="checkbox"/> \$200 (\$100)
			<input type="checkbox"/> \$500 (\$250)	<input type="checkbox"/> \$1,000 (\$500)	

Deduction Plan

Face Value \$100 - Cost \$50		Face Value \$200 - Cost \$100		Face Value \$500 - Cost \$250		Face Value \$1,000 - Cost \$500	
Deduction	Plan	Deduction	Plan	Deduction	Plan	Deduction	Plan
\$5.00	10	\$10.00	10	\$25.00	10	\$50.00	10
\$6.25	8	\$12.50	8	\$31.25	8	\$62.50	8
\$10.00	5	\$20.00	5	\$50.00	5	\$100.00	5
\$12.50	4	\$25.00	4	\$62.50	4	\$125.00	4
\$25.00	2	\$50.00	2	\$125.00	2	\$250.00	2
\$50.00	1	\$100.00	1	\$250.00	1	\$500.00	1

BOND INSCRIPTION *(If you checked A or D on reverse, complete the following)*

7. Effective Date		8. Bond Owner's Name		9. Social Security Number	
10. Address	a. Number and Street				
	b. City or Town		c. State		d. Zip Code
11. Check One <input type="checkbox"/> Co-Owner <input type="checkbox"/> Beneficiary		12. Name <i>(First Name) (Middle Initial) (Last Name)</i>		13. Social Security Number <i>(Optional)</i>	
14. Mail Bond To: <i>(If other than block 8)</i>		a. Name <i>(First Name) (Middle Initial) (Last Name)</i>			
		b. Number and Street		c. City or Town	d. State
15. Other Action/Safekeeping					
U.S. Savings Bonds offer: <ul style="list-style-type: none">• Market-based interest with a guaranteed minimum rate.• Interest Exempt from state and local income tax.• May provide tax savings when used for college.• Proper registration required for best tax advantages.					
<small><i>Note: The furnishing of a Social Security number for the owner or first named co-owner or a Bond is required by the regulations governing Savings Bonds, i.e., Department Circular PD Series 3-80(31 CFR 353). The numbers are used to maintain ownership of records of the Bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the requested information may prevent completion of the transaction. Married women should use their given names, e.g. "Mary L. Smith". If co-owner or beneficiary is designated, the inclusion of that individual's Social Security number is desirable but not required. The use of courtesy titles is optional.</i></small>					
I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until canceled by me in writing or termination of my employment.					
Date		Signature			